Approved For Release 2000/04/11 : CIA-RDP64-00360R000600010058-2

Standard Form No. 1041 Revised
Form prescribed by
Comptroller General, U. S.
September 7, 1
(Gen. Reg. No. 51, Supp. No. 11)
(Amended February 20, 1952)

# PUBLIC VOUCHER FOR PURCHASES AND SERVICES OTHER THAN PERSONAL

D. O. Vou. No. _____

Bu. Vou. No. 1078

*U. S.* COST REIMBURSABLE
(Department, bureau, or establishment)

*Voucher prepared at* _____
(Give place and date)

PAID BY
Encl 8
SAPC 21896
COPY 1 OF 2

**THE UNITED STATES, Dr.,** *Payee's Account No.* _____

*To* _____
(Payee)

_____
(Address) (City) (State)

| No. and Date of Order | Date of Delivery or Service | ARTICLES OR SERVICES (Enter description, item number of contract or Federal supply schedule, and other information deemed necessary) Discount Terms | QUANTITY | UNIT PRICE Cost | UNIT PRICE Per | AMOUNT Dollars | AMOUNT Cts. |
|---|---|---|---|---|---|---|---|
| | | Cost | | | | 6,121 | 64 |

PAYMENT:
Complete ☐
Partial ☐
Final ☐

Use continuation sheet(s) if necessary

Shipped from to Weight Government B/L No. Total 6,121 64

I certify that the above bill is correct and just and that payment has not been received.

STATINTL (Sign original only)

Date 11/22/57 *Payee _____ (*not required when a like certificate is made by payee on attached bill or bills)

Per [redacted] Title _____

(Payee must NOT use this space)

Differences _____

Amount verified; correct for $6,121.64

(Signature or initials) _____

Contract No. A101 Date Req. No. Date Invoice Rec'd.

Pursuant to authority vested in me, I certify that this account is correct and proper for payment.

†Approved for $ _____

By _____ SIGN ORIGINAL ONLY

Title _____

† _____
(Authorized Certifying Officer)

Title _____

Date _____

THE REVERSE OF THIS FORM MUST BE EXECUTED WHEN PURCHASES ARE MADE OR SERVICES SECURED WITHOUT WRITTEN AGREEMENT IN ANY FORM

ACCOUNTING CLASSIFICATION (Appropriation Symbol must be shown; other classification optional)

Paid by { Check No. _____ dated _____, 19____, for $_____ } on Treasurer of the United States in favor of payee named above.
{ Cash, $_____, on _____, 19____ Payee _____ (Sign original only)

*When a voucher is signed by an agent other than an officer of the payee corporation, the agent should indicate the capacity in which he signs by writing the company or corporate name, as well as the capacity in which he signs, must appear. For example: "John Doe Company, per John Smith, Secretary", or "Treasurer", as the case may be.

†If the ability to certify and authority to approve are combined in one person, one signature only is necessary; otherwise the approving officer will sign on the line below "Approved for $_____", and over his official title.

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Title _____

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Standard Form No. 1035a—Revised
Form prescribed by
Comptroller General
September 7, 1950
(Gen. Reg. No. 51, Supp. No. 11)

# Public Voucher for Purchases and Services Other Than Personal

MEMORANDUM

CONTINUATION SHEET

U. S. COST REIMBURSABLE (Department, bureau, or establishment) Sheet No. 1 of Bureau Voucher No. 1078

| No. and Date of Order | Date of Delivery or Service | ARTICLES OR SERVICES (Enter description, item number of contract or Federal supply schedule, and other information deemed necessary) | QUANTITY | UNIT PRICE Cost | UNIT PRICE Per | AMOUNT Dollars | AMOUNT Cts. |
|---|---|---|---|---|---|---|---|
| | | Contract A101 - System II | | | | | |
| | | Direct Costs Properly Chargeable to Contract A101 for the period 11/11 thru 11/17/57 | | | | | |
| | | STATINTL | | | | | |
| | | Research & Development | | Production | | Total | |
| | | [redacted] | | | | | |
| | | Labor for Week Ending November 17, 1957 | | | | | |
| | | JV 107728 | | | | | |
| | | JV 107737 STATINTL STATINTL | | | | | |
| | | Overhead computed for Communications Division at interim rates as follows: | | | | | |
| | | Research & Development - [redacted] | | | | | |
| | | Production - [redacted] | | | | | |
| | | Other Costs - JV 107065 (133.07) ✓ | | | | | |
| | | JV 107301 38.64 ✓ | | | | | |
| | | JV 107744 (224.02) ✓ | | | | | |
| | | Total Labor, Overhead and Other Costs | | | | | |
| | | G & A expense computed at interim rate of [redacted] | | | | | |
| | | Total Costs STATINTL | | | | $ 6,121.64 | |

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